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APPLICANTS

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** CONTINUING DATA ***** *DM*

This appln claims benefit of 60/397,400 07/22/2002

** FOREIGN APPLICATIONS ***** *NONE DM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/02/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	30	25	6
Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

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TITLE

System for measuring the effect of bearing errors in an active device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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